

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039165

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 201

FILED NOV 8 1962

VS 3013
Rev. 4/1/59

1 0497

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12 86-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) CARTHAGE		c. CITY OR TOWN CARTHAGE	
Length of stay in lb 33 YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STARCHMAN REST HOME		d. STREET ADDRESS 805 ASH	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle T. Last GOLDEN		4. DATE OF DEATH Month Nov. 1, 1962 Day Year	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-24-98
9. AGE (last birthday) 64		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OIL FIELD, STORE		10b. KIND OF BUSINESS OR INDUSTRY OIL CO., GROCERY	
11. BIRTHPLACE (City and state or country) WHITE CO., TENN.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME T. W. GOLDEN		13b. MOTHER'S MAIDEN NAME SALLY TOWNSEND	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO	
16. SOCIAL SECURITY NO.		17. INFORMANT 3 HASKELL GOLDEN, SAPULPA, OKLA.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, Bronchial acute 5 days		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.		DUE TO (b)	
DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paralysis agitans, Arthritis Deformans	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20a. TIME OF INJURY Hour a.m. p.m.		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Sept 17 '62 to Nov 1, 62 and last saw him alive on Nov 1, 1962		Death occurred at 11:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE George H. Wood		22b. ADDRESS M.D. 1515 HAZEL, CARTHAGE, MO.	
22c. DATE SIGNED Nov 2 '62		23. NAME OF CEMETERY OR CREMATORY VAN BUREN CEMETERY	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-5-62	
23c. LOCATION (City, town, or county) NEWTON COUNTY, MISSOURI		24. FUNERAL DIRECTOR ULMER FUNERAL HOME, CARTHAGE, MO.	
25. DATE RECD. BY LOCAL REG. 11-3-62		26. REGISTRAR'S SIGNATURE Ely Clinton	

NOV 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.